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MEDCOM NOW

Office of the Army Surgeon General and Army Medical Command

MEDCOM NOW
a newsletter highlighting the challenges and successes of Army Medicine

In this issue:

Army Medical Action Plan--Update

On June 15, 2007, all Army Medical Hold and Medical Hold Over units transferred to the command and control of the Army Medical Department (AMEDD) to become single Warrior Transition Units (WTUs). This change brings Active, Reserve, and National Guard Soldiers under one chain of command to standardize their care and provide the same services for all concerned.

There is also now a triad of support at every WTU comprised of squad leader, nurse case manager and primary care manager to look after the welfare and medical needs of Warriors.

One-stop Soldier and Family Assistance Centers are being developed and will open at WTU locations across the Army to provide administrative service and assistance (identification cards, pay, lodging, handbooks, invitational travel orders, etc.) for Warriors in Transition and their family members or designated medical attendants. New escort services are also available at WTUs to greet outpatient Soldiers and visiting family members at airports to transport them to the WTU.

The Army's Wounded Warrior program is expanding to embrace the entire Warrior in Transition population—not just Soldiers severely injured as a result of combat. Ombudsmen are in place at eighteen medical treatment facilities to aid Soldiers and family members in getting assistance. Additional Family Readiness Support Centers are forming and will be available in locations where requested by the WTU Commander.

Under a new AMEDD policy, access standards for Warriors in Transition are enhanced from seven to three days for routine care and from 28 to seven days for specialty care. The access standard for urgent care remains at 24 hours. The new policy also establishes seven days as access standard for diagnostic tests and 14 days for medically indicated non-emergency surgeries for Soldiers to reach optimum medical benefit or fitness for duty status. Warriors also receive an initial medical evaluation screening within 24 hours (one work day) of arrival to the WTU. Medical treatment facility commanders are in the process of increasing their medical staffing and available capabilities to provide these new standards as soon as possible.

A new MyMEB Web Site is being piloted at Walter Reed and a few other WTU locations across the Army and will soon be available on July 9, 2007, at every WTU for Warriors in Transition to use to track the status of their Medical Evaluation Boards.

Post traumatic brain Injury and psychological stress from combat are primary health care concerns for the Army leadership. On July 18, 2007, the Army and the AMEDD will roll out a new Post Traumatic Stress Disorder/Mild Traumatic Brain Injury chain-teaching program to educate Soldiers and leaders throughout the Army to increase awareness and understanding of these two potentially debilitative health issues.

Brig. Gen. Tucker briefs AMAP during AMEDD Senior Spouse Leadership Conference.

Deployable Rapid Assembly Shelter (DRASH) on display in the exhibit hall.

METI ISTAN—the next generation patient simulator on display.

Army World War I ambulance on display in the exhibit hall.

AMAP Briefed at the AUSA Medical Symposium

Leaders of the Army Medical Department (AMEDD) were in San Antonio, Texas, June 18-21, 2007, to attend the Association of the United States Army Medical Symposium and Exhibition. The theme for the conference, held at the Henry B. Gonzalez Convention Center, was "Army Medicine: Revolutionizing Warrior Care."

On the second day of the conference, Brig. Gen. Michael Tucker, deputy commanding general, North Atlantic Regional Command, briefed the Army Medical Action Plan (AMAP).

Applause erupted at the conclusion of his remarks as Maj. Gen. Gale Pollock, Acting Army Surgeon General said, "I want you to recognize that Brig. Gen. Tucker is not wearing an armor patch, he's wearing the AMEDD patch. He's a key member of our team and will assure line commanders that we are moving out smartly with the AMAP."

Gen. Tucker is the "bureaucracy buster" and has the permission of the Army Vice Chief of Staff, Gen. Richard A. Cody, to kick open any door to get the AMEDD the personnel and resources needed to enhance access and services at Army military treatment facilities for Warriors in Transition and Family members.

"There is no better job to have in the Army if you care about Soldiers and their Families. The AMAP is exciting work and will change the way we do business," said Tucker. Warriors in Transition and Family members are a special population. Their lives have been turned upside down. Our job and the mission of our new Warrior Transition Unit commander is to 'heal the Warrior' and do all that is in our power to turn their world right side up."

Many other changes are underway to enhance the processes and services for Warriors and Family members and the AMEDD will be challenged. "I am positive we are going to do right by these Soldiers and you, the military and civilian leaders here today, are the key to our success," Tucker said.

AUSA—AMAP Q's & A's with Brig. Gen. Tucker

Q: The squad leader/platoon sergeants you refer to in the triad of support—what are their MOSs? Is it the 68 series or is it immaterial? Do they receive any special training?

A: WTU squad leaders and platoon sergeants will be the absolutely best qualified noncommissioned officers, regardless of MOS. These leaders will undergo a comprehensive training program.

Q: Will hospital commanders have access to MyMEB? We need to be able to see individual Soldier and standardized reports.

A: Hospital commanders will be able to access MyMEB and will be granted access to information as required.

Q: When writing policy/issuing guidance, terms like mobilization or deployment mean specific things. The Army Reserve mobilizes many Soldiers who do not deploy, but who should be entitled to care.

A: All WTs are covered in the AMAP, regardless of component.

Q: When reserve and active duty units prepare to deploy and non-deployable Soldiers are identified for the WTU, is the unit tasked to provide the Squad Leader at the WTU? If so, how do we get these units to support the assignment of the Squad Leader to the WTU?

AUSA—AMAP Q's & A's with Brig. Gen. Tucker (Continued)

A: Until the TDA for the WTUs is built, it may be necessary to mobilize a Squad Leader to support the WTU. Senior Mission Commanders are also working with WTU Commanders to assist with unit manning. Once the TDA has been established, the Army will resource these Squad Leader positions. This will provide a long-term solution for leading and caring for these Soldiers.

Q: How do we know there will be continuing financial support from the Congress, to include IMA, MPA, and AMEDD dollars?

A: We have requested approximately 365 million dollars to be programmed for the FY09 to FY13 POM. This will demonstrate the long-term financial commitment to these programs. The VCSA has confirmed this commitment in Congressional testimony.

Q: With the WT program, will the new housing units be capable of meeting handicap/disabled needs? If not, are programs in place to modify the facilities to help with the mobility and healing process?

A: Facilities for WTs, to include housing and treatment facilities, will be built or modified where needed to be Americans with Disabilities Act (ADA) accessible, in order to meet the requirements of those WTs residing there.

Q: What happens to medically non-deployable Soldiers who are within 60 days of unit mobilization if the unit cannot use them in rear detachments? For example, if a Soldier with a P3 profile (adjudicated by MMRB to retain in MOS) assigned to an MTOE unit but medically non-deployable, whose unit states they cannot use him/her on rear detachment is assigned to WTU 60 days prior to unit deployment.

A: A WT is defined as a Medical Holdover, Active Duty Medical Extension, Medical Hold and any other Active Duty Soldier who requires a Medical Evaluation Board or an Active Duty Soldier with complex medical needs requiring six months or more of treatment. It excludes Soldiers in Initial Entry Training, Advance Individual Training, and One Station Unit Training except in extraordinary circumstances. As this Soldier does not meet the requirements to be classified as a WT, his or her case should be handled IAW existing policy as directed by the local SMC.

Q: Assigning WTs to the WTU frees up that position on the unit's UMR and therefore the unit can requisition replacements from HRC. Does the Army inventory have the personnel to backfill the 8,000 to 10,000 Soldiers who could plausibly be in the WTUs by January 2008? Are we creating an unreasonable expectation on the part of the operational commander? No doubt, replacements will be prioritized based upon where the unit is in the ARFORGEN cycle.

A: The Army is prepared to backfill units as Soldiers enter WTUs. The level of fill and prioritization will vary according to where the unit is located in the ARFORGEN cycle. End strength authorizations will be adjusted, as Soldiers are medically REFRAD.

Q: Can the Landstuhl authorities know the capabilities of our MTFs to make the right decision on where to send Soldiers? I sometimes have Soldiers arrive at non-bedded facilities just because it's close to the HOR, only to transfer again to a proper MTF.

A: MEDCOM, working through DA and the Joint Staff, will work with TRANSCOM to ensure that the LRMC Commander is, based on consultation with the gaining MTF CDR, able to change a Soldier's destination based on medical condition and his or her location preference, given that the proper medical care can be provided at that location.

Glossary for Q&A's

ARFORGEN
Army Force Generation

ARNG
Army National Guard

CDR
Commander

DA
Department of the Army

HOR
Home of Record

HRC
U.S. Army Human Resources Command

IAW
In Accordance With

IMA
Installation Management Agency

LNO
Liaison Officer

MEB
Medical Evaluation Board

MMRB
Military Occupational Specialty Medical Retention Board

MOS
Military Occupational Specialty

MPA
Medical/Personnel Army

MTFs
Military Treatment Facilities

MTOE
Modified Table of Organization and Equipment

POMs
Program Objective Memorandum

REFRAD
Released From Active Duty

SMC
Senior Mission Commander

TDA
Table of Distribution and Allowances

TRANSCOM
U.S. Transportation Command

UMR
Unit Manning Report

USAR
United States Army Reserve

WTs
Warriors in Transition

WTU
Warrior Transition Unit

AUSA—AMAP Q's & A's with Brig. Gen. Tucker (Continued)

Q: What are the actual standards for barracks/lodging for WTs? Are different installations using very different standards/criteria?

A: All of our WTs deserve billeting as good, if not better, than the best-billeted service member on that installation.

Q: If you assign WT Soldier families to a second set of quarters at the MTF, how will they get furniture and supplies? It is costly.

A: Quarters designated to be occupied by WT families will be equipped with furniture, much like Army lodging.

Q: What is the official guidance regarding permissible time to heal before an MEB is completed? A Soldier with multiple injuries requiring multiple surgeries who will not return to duty but still needs specialty care—what is the threshold—either time or maximum medical benefit?

A: This is determined on a case-by-case basis. A Soldier should not be separated unless available care from the Veterans Administration will be at least as good, if not better, than the care already being provided.

Q: Why can't orders for ARNG and USAR wounded Soldiers be indefinite? There are a lot of problems with family members dropping off DEERS and difficulty getting new ID cards due to distance from the military facility. When the Soldier is either returned to duty or boarded out, the orders would be amended.

A: Although we are unable to indefinitely mobilize ARNG and USAR wounded Soldiers, we are addressing the problem with the use of the triad: Primary Care Manager, Nurse Case Manager, and Squad Leader. These leaders, IAW assistance from the installation USAR/ARNG LNO, are tasked with ensuring that the Soldier's mobilization orders are extended as required, to ensure that no lapses in coverage are experienced, and to ensure that the administrative requirements for the WT and Family are met.

The Way Ahead

I am grateful for Brig. Gen. Tucker's support and ask each of you to take advantage of the liaison he brings to us. We have an incredible opportunity to truly make a difference in the lives of those who depend on us for medical care and support.

In support of our Warriors and family members we are Army Strong!

Major General Gale S. Pollock

Commander, US Army Medical Command
Acting, The Surgeon General

Office of the Surgeon General and Army Medical Command

Coming Events

Independence Day
July 4

AMAP Staff Assistant Visits
July 15 - Sept. 3

Force Health Protection Conference
Aug. 4-10

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OTSG /MEDCOM
Public Affairs

5109 Leesburg Pike,
Suite 671
Falls Church, VA
22041

PHONE:
(703) 681-1942

FAX:
(703) 681-4870

E-MAIL:
mike.j.elliott@us.army.mil